

VOLUNTARY WORKER SURVEY – ALOHA AIRLINES

The Workforce Development Division of the State Department of Labor and Industrial Relations, with One-Stop Job Centers, offer employment placement, job retraining, and related services to workers to help them transition to other jobs. To improve the effectiveness of services specifically for *Aloha Airlines* employees, it would be appreciated if you would complete this survey of your skills and interests to help in the planning and designing of services.

Survey:

1) Job title: _____ Pay rate: _____ (circle one) hr/mon/yr

Briefly describe duties: _____

2) Are you seeking similar types of work? YES ____ NO ____

If no, what other types of work? _____

3) Are you interested in Resume writing and/or Job Search workshops? YES ____ NO ____

4) Are you interested in job training? YES ____ NO ____

List types of training: _____

5) Are you currently attending school or job training? _____ Type of training: _____

Name of school/ training institution: _____

Please rate the importance of the following statements from 1 through 5, with 1 being MOST IMPORTANT and 5 being LEAST IMPORTANT:

a. Find a job as soon as possible _____

b. Attend workshops for resume writing _____

c. Attend workshops on where to look for jobs _____

d. Attend workshops on job interview preparation _____

e. Attend short-term job training to improve or learn new skills _____

f. Get training for a new occupation _____

g. Go to school to improve my English or to get a GED/ high school diploma _____

h. Learn more about Unemployment Insurance benefits _____

i. Get information about financial assistance, foods stamp, child care _____

j. Get information about health insurance health care assistance _____

k. Get information about budgeting, financial management, avoiding bankruptcy and/or foreclosure, credit counseling _____

l. Get assistance in legal problems _____

m. Get help in personal/ stress management _____

n. Get family counseling/ adjustment assistance _____

o. Get information about veterans' benefits _____

5) List other concerns: _____

6) **Only if** you would like to speak with one of our staff, please provide

Your Name: _____

And provide at least one of the following:

Phone: _____ Cell #: _____

Email address: _____

Mailing Address: _____

7) **Please e-mail, fax, or mail your completed survey to a Workforce Development Division on your island (see attached addresses), or bring the completed survey to a rapid response session on your county.**

Department of Labor and Industrial Relations

Workforce Development Division

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